

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4251AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER SILVER SKY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 8220 SILVER SKY DRIVE LAS VEGAS, NV 89145		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/06/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Group Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for ninety-six Residential Facility for Group beds for elderly and disabled persons, eighty-two Category I residents and fourteen Category II residents. The census at the time of the survey was eighty-eight total residents, seventy-six Category I residents and twelve Category II residents. Twenty resident files were reviewed and twelve employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 278 SS=C	<p>449.2175(9)(a) Dietary Consultant - More Than 10 Residents</p> <p>NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission</p>	Y 278		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 859	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/6/08, the facility failed to ensure that 12 of 21 residents received an initial or an annual physical.</p> <p>Findings include:</p> <p>Resident #1's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #2's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #3's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #4's file lacked a copy of an initial physical examination and an annual physical examination for 2008.</p> <p>Resident #5's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #6's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #8's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #11's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #12's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #13's file lacked a copy of an annual</p>	Y 859			

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Y 859	Continued From page 3 physical examination for 2008. Resident #18's file lacked a copy of an initial physical examination. Resident #21's file lacked a copy of an annual physical examination for 2008. Severity: 2 Scope: 3	Y 859			
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review on 11/6/08, the facility failed to have 16 of 21 resident medications reviewed by a physician, pharmacist or registered nurse at least once every 6 months (#1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #13, #14, #15, #16, and #21).	Y 870			

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Y 870	<p>Continued From page 4</p> <p>Findings include:</p> <p>Record Review</p> <p>Resident #1 was admitted to the facility 5/31/06. There was no medication review available in the record.</p> <p>Resident #2 was admitted to the facility 5/31/06. There were two medication reviews available in the record dated 6/25/08 and 8/08/08.</p> <p>Resident #3 was admitted to the facility 5/31/06. There was no medication review available in the record.</p> <p>Resident #4 was admitted to the facility 8/21/06. There was one medication review available in the record dated 3/14/07.</p> <p>Resident #5 was admitted to the facility 8/21/06. There were three medication reviews available in the record dated 6/28/06, 9/5/07, and 6/25/08.</p> <p>Resident #6 was admitted to the facility 9/21/06. There was no medication review available in the record.</p> <p>Resident #7 was admitted to the facility 10/3/06. There was no medication review available in the record.</p> <p>Resident #8 was admitted to the facility 10/16/06. There was no medication review available in the record.</p> <p>Resident #9 was admitted to the facility 10/31/06. There was one medication review available in the record dated 11/5/08.</p>	Y 870		

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Y 870	Continued From page 5 Resident #11 was admitted to the facility 4/26/07. There was one medication review available in the record dated 3/28/07. Resident #12 was admitted to the facility 4/26/07. There was no medication review available in the record. Resident #13 was admitted to the facility 4/27/07. There was one medication review available in the record dated 10/29/08. Resident #14 was admitted to the facility 5/11/07. There was one medication review available in the record dated 5/5/08. Resident #15 was admitted to the facility 6/2/07. There was no medication review available in the record. Resident #16 was admitted to the facility 1/1/08. There was no medication review available in the record. Resident #21 was admitted to the facility 10/15/07. There was no medication review available in the record. Severity: 2 Scope: 3	Y 870			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be	Y 878			

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Y 878	<p>Continued From page 6</p> <p>administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review, and interview on 11/6/08, the facility failed to administer medication as prescribed by a physician for 2 of 21 residents (#13 and #21).</p> <p>Findings include:</p> <p>Resident #13</p> <p>On 11/06/08 in the afternoon, Resident #13's medication compartment contained supplies of 20 milliequivalent Potassium tablets, 25 milligram Metoprolol tablets, 325 milligram Ferrous Sulfate tablets, and 20 milligram Citalopram tablets.</p> <p>Resident #13's latest medication review dated 10/04/08 was compared to Resident #13's Medication Administration Record (MAR) for 11/08 :</p> <p>Potassium: The review indicated one 20 milliequivalent Potassium tablet twice daily, but the MAR indicated two 20 milliequivalent Potassium tablets daily.</p> <p>Metoprolol: The review indicated one 12.5 milligram Metoprolol tablet twice daily, but the MAR indicated one 25 milligram Metoprolol tablet every 12 hours.</p>	Y 878		

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Y 878	<p>Continued From page 7</p> <p>Ferrous Sulfate: The review indicated one Ferrous Sulfate tablet daily, but the MAR indicated one 325 milligram Ferrous Sulfate tablet twice daily.</p> <p>Citalopram: The review indicated one 20 milligram Citalopram tablet daily. The MAR indicated one 20 milligram Citalopram tablet daily at 8:00 AM, but a physician order indicated one 20 milligram Citalopram tablet every evening on 10/29/08.</p> <p>The chart lacked physician orders reconciling the above differences.</p> <p>Resident #21</p> <p>On 11/06/08 in the afternoon, Resident #21's medication compartment contained supplies of 2 milligram Xanax tablets and .50 milligram Risperidone tablets.</p> <p>A chart review revealed that the latest physician order for Xanax indicated one 2 milligram Xanax tablet every evening on 10/16/08, but the MAR indicated one 2 milligram Xanax tablet every morning for 11/08.</p> <p>The latest physician order for Risperidone indicated two .50 milligram Risperidone tablets every evening on 10/31/08, but the MAR indicated one .50 milligram Risperidone tablet every evening for 11/08.</p> <p>The chart lacked physician orders reconciling the above differences.</p> <p>Severity: 2 Scope: 1</p>	Y 878			

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YA280	Continued From page 8	YA280		
YA280 SS=C	<p>449.2175(10)(a-d) Dietary Consultant and Serv</p> <p>NAC 449.2175</p> <p>10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include:</p> <p>(a) The development and review of weekly menus;</p> <p>(b) Training for the employees who work in the kitchen;</p> <p>(c) Advice regarding compliance with the nutritional program of the facility; and</p> <p>(d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.</p> <p>This Regulation is not met as evidenced by: Based on interview and document review on 11/06/2008, the facility failed to obtain the services of a dietitian to provide training to kitchen staff, advice regarding compliance with the nutritional program, and development/review of weekly menus on a quarterly basis.</p> <p>Findings include:</p> <p>The Director of Food Services, Employee #4, stated he had not met with a dietitian for several months.</p>	YA280		

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YA280	Continued From page 9 A review of the facility's dietitian file revealed no evidence of a new dietitian contract or renewal of the former contract since June 2007. The last dietitian consult provided to the facility was a facsimile from the dietitian to the administrator dated 6/19/2007, informing the administrator she was reviewing the menus and she had made a facility visit in June 2007. Severity: 1 Scope: 3	YA280		
YA930 SS=F	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and	YA930		

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YA930	<p>Continued From page 10</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/6/08, the facility failed to complete activities of daily living (ADL) assessments and TB screenings for 15 of 21 residents (#1, #2, #4, #6, #7, #8, #9, #11, #12, #13, #14, #15, #17, #19 and #21).</p> <p>Findings include:</p>	YA930		

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YA930	<p>Continued From page 11</p> <p>Resident #1's admission date was 5/31/06. The file lacked an annual ADL assessment and an annual tuberculin screening test for 2008.</p> <p>Resident #2's admission date was 5/31/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #4's admission date was 8/21/06. The file lacked an initial ADL assessment.</p> <p>Resident #6's admission date was 9/21/06. The file lacked an initial and an annual ADL assessment.</p> <p>Resident #7's admission date was 10/03/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #8's admission date was 10/16/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #9's admission date was 10/31/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #11's admission date was 4/26/07. The file lacked an initial and an annual ADL assessment. The file also lacked a two step tuberculin screening test.</p> <p>Resident #12's admission date was 4/26/07. The file lacked an annual ADL assessment for 2008. The file lacked a two step tuberculin screening test and an annual tuberculin screening test for 2008.</p> <p>Resident #13's admission date was 4/27/07. The file lacked an initial ADL assessment in the file.</p> <p>Resident #14's admission date was 5/11/07. The file lacked an initial ADL assessment.</p>	YA930			

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YA930	<p>Continued From page 12</p> <p>Resident #15's admission date was 4/26/07. The file lacked an initial ADL assessment and a two step tuberculin screening test.</p> <p>Resident #17's admission date was 7/4/08. The file lacked a two step tuberculin screening test.</p> <p>Resident #19's admission date was 9/9/08. The file lacked a two step tuberculin screening test.</p> <p>Resident #21's admission date was 10/15/07. The file lacked an initial ADL assessment.</p> <p>Severity: 2 Scope: 3</p>	YA930		

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